

# COMPLETING AN ABSENTEE BALLOT APPLICATION

**Prior to submitting an absentee ballot application, a voter must be registered in the county in which the voter resides. Voter registration status and county registrar information can be found at: [www.mvp.sos.ga.gov](http://www.mvp.sos.ga.gov).**

**1** For verification purposes, a Georgia driver's license number must be submitted if the voter has been issued one.

**2** Election dates can be found at: [www.sos.ga.gov/elections](http://www.sos.ga.gov/elections)

**3** Military or overseas voters, who are requesting Electronic Ballot Delivery, must provide an email address.

**4** The following individuals may request multiple ballots with this single application:

- 75 years of age or older
- Physically Disabled
- Military (including spouse or dependent residing with member)
- Overseas Citizens

Please check the appropriate qualification box when requesting multiple ballots.

**4a** Military and overseas voters must also check this box when requesting Electronic Ballot Delivery.

**5** The application must be signed or marked by the voter. Anyone assisting a disabled or illiterate applicant must also sign in the appropriate section.

**6** A family member must check the appropriate box and sign when completing an application on behalf of a relative who is either residing temporarily out of the county or who is physically disabled.

\_\_\_\_\_ COUNTY or MUNICIPALITY

GA Driver's License # \_\_\_\_\_

## APPLICATION FOR OFFICIAL ABSENTEE BALLOT

**PLEASE PRINT** (FAILURE TO FILL OUT THE FORM COMPLETELY COULD DELAY YOUR APPLICATION)

Date of Primary, Election, or Runoff: \_\_\_\_/\_\_\_\_/20\_\_\_\_

FOR PRIMARY ELECTIONS ONLY, CHOOSE A PARTY BALLOT (check one): ☐ DEMOCRATIC ☐ REPUBLICAN

|   |                                 |   |   |
|---|---------------------------------|---|---|
| APPLICATION DATE<br>____/____/____              | DATE OF BIRTH<br>____/____/____ | DAYTIME CONTACT NUMBER (optional)<br>(____) ____-____ | EMAIL ADDRESS(required for UOCAVA Voter requesting electronic transmission)<br>_____<br>_____ |
| NAME AS REGISTERED<br>LAST FIRST MIDDLE         |                                 |   |   |
| ADDRESS AS REGISTERED<br>STREET # CITY ZIP CODE |                                 |   |   |

☐ Mail the ballot to my temporary out-of-county address: (or alternate address for physically disabled voter).

|          |      |       |          |
|----------|------|-------|----------|
| # STREET | CITY | STATE | ZIP CODE |
|----------|------|-------|----------|

**Note:** You must file a separate application for each election for which you are requesting an absentee ballot (\*see exceptions below for voters over the age of 75, disabled, or military or overseas citizens). You may file your application up to 180 days prior to the Date of the Election.

### \* EXCEPTIONS:

If you meet the following criteria, you may choose to complete one application and receive a ballot for the General Primary, General Primary Runoff (if any), General Election, and General Election Runoff (if any) by checking one of the following boxes:

☐ E - Elderly - I am 75 years of age or older.

☐ D - Disabled - I have a physical disability which would render me unable to see or mark a ballot.

☐ U - UOCAVA Voter - Member of armed forces or Merchant Marines of the United States, commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration, spouse or dependent residing with or accompanying said member, or a United States citizen residing overseas. My current status is (please mark one):

☐ MOS - Military Overseas

☐ MST - Military Stateside

☐ OST - Overseas Temporary Resident

☐ OSP - Overseas Permanent Resident (federal voters only)

For UOCAVA Voters Only - I would like to receive my absentee ballots by electronic transmission ☐

NOTE: A SEPARATE APPLICATION IS REQUIRED FOR A PRESIDENTIAL PREFERENCE PRIMARY

**5** SIGNATURE OR MARK\* OF VOTER - REQUIRED

\*Signature of person preparing application if voter is disabled or illiterate - REQUIRED

You may apply on behalf of another person only in the following circumstances: In the case of a voter residing temporarily out of the county or a physically disabled voter residing within the county, application may be made by mother, father, grandparent, brother, sister, aunt, uncle, spouse, son, daughter, niece, nephew, grandchild, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law or sister-in-law of the age of 18 or over upon completing the following oath: I, the undersigned do swear (or affirm) that the above-named voter is (check one): ☐ residing temporarily out of the county or is a ☐ physically disabled voter residing within the county and that the facts included in this application are true.

**6** SIGNATURE AND RELATIONSHIP OF RELATIVE REQUESTING BALLOT - REQUIRED